

Change of Name Form

Important information about this form:

- Fill out this form to change the name of the Account Owner/Custodian or Beneficiary.
- A separate form should be submitted for each individual listed on the account who is changing their name.
- A notarization acknowledgement is required for the Account Owner's change of name in Step 4.
- If the change of name is for the person who owns a bank account connected to the DreamAhead account, you might need to update that bank account information as well.
- A notarization acknowledgement is required for an Entity Account or an Account for which the individual completing the form is acting in a legal capacity as a representative of the Account Owner (Step 4).

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DreamAhead account information

Name of Account Owner (First and last)	
 DreamAhead account number	

Need help?

Give us a call Monday – Friday from 6am – 5pm PT at 1-844-529-5845

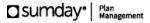
Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:

DreamAhead College Investment Plan P.O. Box 9661 Providence, RI 02940-9661

Overnight Mail:

DreamAhead College Investment Plan 4400 Computer Drive Westborough, MA 01581





is this change of name for? (Select one)	
Account Owner/Custodian (A Medallion Signature Guarantee is required to change the Account Owner's name in	Step 4)
Beneficiary	
name (First and last)	
name (First and last)	
son for change:	
n the form	
gning this form, you're confirming the information you've provided is true for the ch	nange of name.
ה ה	(A Medallion Signature Guarantee is required to change the Account Owner's name in Beneficiary ame (First and last) name (First and last) on for change:





A notarization acknowledgement is required for a name change

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the Account.

Only sign if you are in the presence of a notary public or other officer providing notarization.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this day of Day (#) Month	, 20 Year
Signature of Account Owner/Authorized Representative of En	tity
State of Washington, County of	
This instrument was acknowledged before me	
physical presence online notarization	Notary Public (Seal)
on Date (mm/dd/yyyy)	
byName of person (First and last)	
My term expires: Date (mm/dd/yyyy)	
Signature of Notary Public	

